*Mental Health and Related Services Act 1998*

Section 23

# Form 59

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| **PLEASE NOTE PRIOR TO COMPLETING THIS APPLICATION:**  A person may only be appointed as a Designated Mental Health Practitioner if the person in charge of an approved treatment agency is satisfied that the person meets the following criteria:   * The person is a social worker, psychologist, registered nurse, an occupational therapist who has the right of practice under the *Health Practitioners Act 1998*, Aboriginal health worker or paramedic; * The person has not less than two years approved clinical experience; **and** * The person has successfully completed an approved training and orientation course |

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| Part A - Applicant details | | | | | | | | | | | | | | | | | | | |
| I, | |  |  |  | | | | | | | |  |  | | | | | | | |
|  | | Title | | Given name | | | | | | | | | Family name of applicant | | | | | | |
| of | | Top End Mental Health Service  Mental Health Central Australia Health Service | | | | | | | | | | | | | | | | | |
| apply for appointment as a Designated Mental Health Practitioner.  I confirm that I meet the following criteria for appointment as a Designated Mental Health Practitioner under the *Mental Health and Related Services Act 1998* *(please attach copies of any relevant documentation):*  I am a:  Social worker  Psychologist  Registered Nurse  Occupational Therapist who has the right of practice under the *Health Practitioners Act*  Aboriginal health worker  Paramedic  **AND**  I have two years or more of approved clinical experience.  **AND**  I have successfully completed an approved training and orientation course for my role as a Designated Mental Health Practitioner *(please attach a copy of the Certificate of Completion)*.  My qualifications are as follows: *(please include here relevant information demonstrating experience in working in a mental health service, including training and expertise in assessing and treating persons with mental health problems)* | | | | | | | | | | | | | | | | | | | |
| Signature of Applicant | | | | |  | | | | | | | | | | Date | | | / / | |
| Part B - Endorsement of person in charge | | | | | | | | | | | | | | | | | | | |
| I, |  | |  |  | | | | |  |  | | | | | | | | | |
|  | Title | | | Given name | | | | | | Family name of person in charge of approved treatment agency | | | | | | | | | |
| being the person in charge of the approved treatment agency within:  Top End Mental Health Service  Mental Health Central Australia Health Service  Confirm that the above person meets the criteria for appointment as a Designated Mental Health Practitioner. | | | | | | | | | | | | | | | | | | | |
| Signature of person in charge | | | | | | |  | | | | | | | Date | | / / | | | |
| Part C - Proposed date of appointment | | | | | | | | | | | | | | | | | | | |
| **Please note:**  Although the applicant may commence employment with the approved treatment agency at any time, they can only commence exercising the powers of a Designated Mental Health Practitioner under the *Mental Health and Related Services Act 1998* from the date on which the instrument is signed by the Chief Health Officer.  Applications for appointment of a Designated Mental Health Practitioner will be processed within two working days of receipt of a completed and signed form. | | | | | | | | | | | | | | | | | | | |
| Proposed appointment commencement date: | | | | | | | | | | | / / | | | | | | | | |
| *(For processing information only. Actual commencement date is the date on which the Chief Health Officer signs the instrument)* | | | | | | | | | | | Day/Month/Year | | | | | | | |
| **AND** | | | | | | | | | | | | | | | | | | | |
| This appointment will cease on: | | | | | | | | / / | | | | | | | | | | | |
|  | | | | | | | | Day/Month/Year | | | | | | | | | | | |
| **OR** | | | | | | | | | | | | | | | | | | | |
| The appointment is permanent | | | | | | | | | | | | | | | | | | | |
| Signature of person in charge | | | | | |  | | | | | | | | Date | | | / / | | |